

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>						SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">10735853</div>	FILING DATE						
						APPLICANT(S)							
<div style="font-size: 1.2em; font-weight: bold;">6/15/04 &amp; 8/11/04</div> <b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14			*				64						
15							65						
16							66						
17							67						
18							68						
19			*				69						
20							70						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			13				TOTAL IND.						
TOTAL DEP.			18				TOTAL DEP.						
TOTAL CLAIMS			31				TOTAL CLAIMS						